

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					51			
2						52			
3						53			
4						54			
5						55			
6	1					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11	1					61			
12	1					62			
13	1					63			
14						64			
15						65			
16						66			
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39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	10					TOTAL DEP.			
TOTAL CLAIMS	13					TOTAL CLAIMS			